

SIS Group Domain Name Transfer Application Form

A CLIENT DETAILS		
Registrant Name:		
Address:		
Suburb:	State:	Postcode:
Phone:	Mobile:	E-mail: (Required)
Company:	Position:	ABN/ACN:

B DOMAIN NAME TRANSFER DETAILS			
Current Domain:			(please print in full address)
.com, .net, .org		Transfer only - \$0.00	<input type="checkbox"/>
		Transfer & Renew - \$39.00*	<input type="checkbox"/>
.com.au, .net.au		Transfer only - \$0.00	<input type="checkbox"/>
		Transfer & Renew - \$88.00†	<input type="checkbox"/>

* The renewal fee is per year. † The renewal fee is for a Two Year period.

C NAME SERVERS & DNS SETTINGS	
If you would like for us to update your name servers & DNS settings, please provide us with the following details:	
Current Registrar:	
Domain Password/Authcode/Key:	
If you do not wish for us to update your name server & DNS settings, please adjust your name servers accordingly: Primary: ns1.sisgroup.com.au - 202.155.174.1 Secondary: ns2.sisgroup.com.au - 202.155.174.3	

D FINAL CONFIRMATION	
<input type="checkbox"/> I Authorise SIS Group to transfer my domain name and modify any DNS settings I have specified.	(please tick)

E PAYMENT DETAILS	
<input type="checkbox"/> I wish to pay by Credit Card	
<p>Standing Order of Authority to Debit Credit Card. I wish to use my credit card to pay for the above goods/services supplied to me by SIS Group. I hereby authorise SIS Group to debit my card account with the amount and at the intervals specified above and in the event of any change in the charges for these goods/services, to alter the amount from the appropriate date in accordance with such changes. This authority shall stand, in respect in the above-specified card and in respect of any card issued to me in renewal or replacement thereof, until I notify SIS Group in writing of its cancellation.</p>	
Credit Card Type: <input type="checkbox"/> Mastercard <input type="checkbox"/> Bankcard <input type="checkbox"/> Viscard <input type="checkbox"/> Amex <input type="checkbox"/> Diners	
Credit Card Number: _____ - _____ - _____ - _____ CCV: _____ Expiry Date: / /	
Signature of account holder: _____ Date: _____	
I request access to SIS Group/Samford.Net under the terms and conditions and network rules of such. I warrant that the information being provided is in all respects correct and true.	
Signature: _____ Position: _____ Date: ____/____/____	
The delegation of an account on SIS Group's network is subject to terms and conditions. Terms and conditions are subject to change without notice and may be requested via post, e-mail or read at the main web page http://www.samford.net if in the case of not been listed overleaf. Changes to terms and conditions are updated on our website.	
<p>Application Complete. Please ensure you have entered the correct details before you proceed any further.</p>	
Please fax a copy of this form to 1300 137 135, or mail the form to Post Office Box 2005, Rockdale Delivery Centre NSW 2216.	